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APPLICANTS

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**** CONTINUING DATA *******
none *[Signature]*

**** FOREIGN APPLICATIONS *******
none *[Signature]*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY TX	SHEETS DRAWING 1	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 8
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TITLE
 Diagnosis and treatment for immunoglobulin E (IgE) implicated disorders

FILING FEE RECEIVED 580	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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